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ABSTRACT

Written from the perspective of a blind rehabilitation teacher, the paper focuses on teaching daily living skills to visually impaired persons. Of primary importance is early instruction in daily living skills integrated into the child's total life experience. The parent's role as a direct and consistent influence on the way children perceive the world is emphasized, and the importance of early and continuous language stimulation is noted. Early exercises in discrimination learning are described as are practical techniques of labeling household items. Possible solutions to problems of time management and difficult tasks (such as making one's bed) are considered. A list of household tips and techniques for such tasks as laundry, pouring and measuring liquids, peeling vegetables, and spreading butter, jam, etc., is followed by a list of braille and large type cookbooks, catalogues of aids and appliances, and addresses of centers supplying source materials on daily living skills for the blind and visually handicapped. (CL)

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LIVING SKILLS
THE DUAL ROLE OF THE PARENT AND THE PROFESSIONAL

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The topic of teaching skills of daily living to the visually impaired child is extremely broad. I plan to approach it stressing three major points. Firstly, the process of teaching skills of daily living must begin as early as infancy and must not be viewed as an entity unto itself, but rather as a part of a whole learning sequence of experiences and general skill development in all areas including mobility, recreation, social skills, and academic learning. Secondly, the parents have an important role to play in this process, in order for the child to achieve his maximum learning potential. Thirdly, the professional should primarily be a consultant to family members and those persons close to the child and his family (particularly in the preschool years), rather than taking over the whole job of teaching himself. If parents and professionals can work together in this way from the start, a solid learning base for skill development is possible.

I am especially interested in integrating the roles of the parent and professional since I have been working professionally with visually impaired children and adults for several years, but also have been blind since birth and have experienced many of the frustrations I see in my students when they are learning a skill. In retrospect, I realize the tremendous help and encouragement my own family gave me as I was growing up and without this support I could not have gained the success and independence I enjoy today.

First of all, one must distinguish between the problems of the congenitally and adventitiously blind person. For the past several years, I have been teaching rehabilitation in a ten-week Adjustment to Blindness program. Our students are mainly young and middle-aged blind or partially sighted adults, who receive instruction in four core areas -- mobility, braille, typing and skills of daily living. Other areas such as recreation, sensory awareness, crafts, counselling, group therapy, and social skills are also included. My experience in working with both congenitally and adventitiously blind persons seems to shown that, generally, both groups have difficulty dealing with feelings of lack of self-worth. However, there are some important differences.

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For the person who has recently lost his sight, one of the main stumbling blocks is overcoming his own fear of blindness and regaining the confidence that he can, for the most part, resume his normal familiar routine. For him, this confidence is regained by his learning new adaptive techniques to perform old familiar tasks; and it is this security and reliance on previous experience, coupled with being expected to fit back into his previous life-style, that automatically integrates the new skills into his routine. Because it is a return to a familiar environment, this is pretty much an unconscious process, with the exception of learning entirely new techniques such as typing and braille. His biggest frustration now is that he does not seem to get quite as much accomplished in the same length of time as he used to, because everything just takes that little extra time.

By contrast, the congenitally blind persons we work with generally come to us with limited life experiences and these experiences have been very selective and do not cross-reference with each other. Their present home environment is very sheltered and they have had to do little for themselves. Any skills of daily living they learned at home or in school are often perceived as exercises like math or reading to be done for fun or if they feel like it. This probably stems from the fact that they were never really expected to continue to use a skill on an ongoing basis, once they had learned it. It only needed to be filed away. It is not an integrated part of a daily routine. The question is, how do we avoid this compartmentalized approach to the learning of skills?

To begin this discussion of integrating the skill areas into a composite whole for the blind or visually impaired child, let us talk about sensory development, both in terms of isolating individual senses, and also in terms of thinking of these senses as a full set of tools, without which the child cannot gather complete and accurate information about the world around him. Because the senses of hearing, smelling, tasting, and feeling are more limiting than sight in most respects, it is important for a blind child not to become limited in the way he views himself and his world. Poor use of important sensory clues results in confusion and a lot of misinformation. If he is not able to make sense of the sensory clues he receives, often he relies on an overactive imagination to explain away the confusion. This constant turning inward for clues about his environment can be very isolating for the child, though he may be totally unaware of it, and can result in a very poor understanding of his environment.

As part of the sensory awareness component of our Adjustment to Blindness program, our students are asked to listen to and identify common everyday sounds. In the beginning, I made the assumption that congenitally blind students would do much better than those who had more recently lost their sight, since they were more familiar with sorting out auditory information. I was surprised to find that this was not the case. In most instances, the explanations given by congenitally blind students were totally unrelated to the sounds they heard. A simple game of shuffle-board, for example, became a long and involved story of several people arguing over whether or not to go to a movie. The student focussed on the voices without hearing what was said. Other important clues such as the fact that the game players were discussing scores, or the sound of the rocks sliding and hitting each other on the board, were totally missed. Since the voices meant nothing out of context, because the student had not paid attention to what was being said, the whole listening experience meant nothing, and so, he invented a story to make sense of it.

As earlier stated, both parents and professionals have important roles to play in integrating a blind child's learning experiences. Because a parent can spend more time with the child than the most dedicated professional can, he is in the best position to have a direct and consistent influence on the way the child perceives the world. Therefore the following suggestions are ostensibly directed to the parent. However, because the roles of parent and professional are so closely related, these suggestions are of interest to both.

If the child cannot see, there is all the more reason to talk to him about the things others see, even abstracts like colour. This does not mean that the child will understand what a particular colour looks like, but he should realize that everything in his environment has colour, that certain colours are considered to "match" while others do not, that there are feelings and emotions connected with colours, that the majority of the rest of the world considers colours very important, and that blind persons should be aware of the colour of their clothes and other personal articles (for identification purposes if for no other reason).

How does one develop an appreciation of colour in someone who cannot see it for himself? In describing a new article of clothing, include colour in the description. Talk about other pieces of clothing in the child's wardrobe that can be worn with the new item. When you decorate his room, or for that matter, anywhere else in your house, talk about the colour scheme, the pictures on the walls, the furniture and any other distinguishing features that give the room character or uniqueness. Don't leave out things just because he cannot see them.

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When we were first married and picking out furniture for our new apartment, my husband and I were both surprised to find that I had very definite ideas about the colours I wanted around me, even though I could not, and never had been, able to see them. I wanted warm rusts and browns and he preferred blues and greens. Where did I get these ideas and feelings about colours? From hearing other people talking about colours and people feeling it was important to talk to me about them.

When I was in high school, it was compulsory for me to take Grade 8 Art. It proved very useful. Much of the course was art history and theory -- the primary and secondary colours, colours in the spectrum, understanding perspective in drawing, etc. The experience did not improve my drawing, but I did have a better general knowledge of the subject of colour.

When I graduated from high school, I moved away from my small home town and moved to Penticton to take two years of private singing lessons. Because my singing teacher was interested in my perceptions of colour, we spent some time discussing it. He explained colours to me by using the technical terms he used to teach singing and also related them to the emotional qualities and sounds of music itself. It was a rather abstract explanation but it added another dimension to my colour awareness.

What does all of this have to do with skills of daily living? Being able to process information accurately, quickly and completely is one of the biggest assets in learning any skill, and also it enhances the child's ability to use that skill effectively. How does one develop ths discriminatory ability in a visually impaired child? Start early, and be consistent in your approach. For example, from the time your child is an infant, talk to him about the ironing, the washing, the cooking, the dishes you are doing, even though he is not able to participate in the activity. He will begin to unconsciously relate the sounds he hears with the act that is being done and this will help to make what he hears relate to concrete things in his world. If it becomes a habit for you early, it will be easy for you to continue and extend the process, once the child can actively participate in a particular activity.

When you are shopping, not only take the child with you, but make the experience more than simply a passive one for him. Show him the carton of milk you just bought; comment on how cold it is in the frozen foods section; draw attention to the smell of the onions and the colour of the tomatoes in the vegetable department.

I grew up in a small town where there were only two main clothing stores. When I received clothes for presents, I could tell from which store they were purchased by their smell. This in itself is not a particularly useful talent, but it showed that I was beginning to discriminate and use subtle clues to gather information about my environment, making judgments using this knowledge, rather than simply concocting a story to explain it or paying no attention at all. This discriminatory ability was not so much a result of specific lessons isolated from context as much as it was a result of my simply being encouraged to have many and varied experiences, and of my parents' chatting with me about my environment as I interacted with it.

The next step is for the child to put this discriminatory ability to practical use and make it work to his advantage. Begin by asking him leading questions. Start with something like, "Do you smell that nice leather?" as you are buying new shoes. The next time you pass the shoe store you might ask, "What is that nice smell?" The next logical step is for him to begin asking the questions of you. This process will not only help him sift and sort through the jumble of information he receives constantly, but developing a sense of inquisitiveness will stimulate him to transfer this ability to all skill areas and experiences, so he gains more benefit from them.

When a blind adult sets up housekeeping for the first time, he often finds that he needs a labelling system in order to function. Parents do not always realize that blind children also need a system of identifying common items in their home. Parents can easily supply the information that would otherwise be gained from such a system; however, this not only fails to take account of the child's need to identify objects in his environment, but more generally fails to encourage the sort of hands-on experience I have been discussing. Many labelling systems are possible. The important thing is to choose the one most appropriate for the particular item. For instance, appliance dials may be marked with bits of tape, tactile glue, or nail polish, either coloured or clear; canned goods may be marked with braille or large print dymo tape stuck to magnetic tape; two identically packaged items may be distinguished by using elastic bands or safety pins. However, one can have too many labels and become obsessive about the whole process. Many things in the kitchen can be identified by type and shape of package, weight, texture, smell, sound when shaken, or, except for poisons, which are generally kept in a separate cupboard, taste. I often work with a group of students taking random foods from the cupboard and refrigerator, and having them identify each one using the criteria just mentioned.

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They are generally surprised by the number they can guess correctly, once they know what distinguishes one from another. For the younger blind child, such an exercise could be made into a game, for this is part of learning how to integrate his senses.

One aspect of teaching that I have only indirectly mentioned is the necessity for the visually impaired child to understand basic concepts. Since this subject has been dealt with more than adequately in many conferences, articles, and books discussing visually impaired children, my intent is simply to discuss some of the assumptions that may show up as difficult stumbling blocks to teaching for both parents and professionals. Certain concepts that are obvious to us, and that we accept almost unconsciously, may be lacking or misunderstood by the child. Oftentimes, these gaps become apparent when one simply talks to a child, but this is not always reliable since children can often verbalize things they do not in reality understand. When I was preschool age, I used to call constantly to my mother, who was working in the kitchen, to look at something I was doing in my bedroom. After many such interruptions, she finally told me she was busy and couldn't come to look. After puzzling over this for a while, I responded that she didn't have to "come," I just wanted her to "look". This prompted an explanation of how, though it is quite possible to hear around a corner, sight does not bend that way. On another occasion, I remember confiding in my grandmother that I was very concerned that when I was grown up like her, I wouldn't be able to reach the top of my head to comb my hair, because my arms wouldn't be long enough to reach that high. Another discussion followed.

It isn't quite so funny and much more serious when such misconceptions persist into adulthood. When we had a problem with one of the toilets in our CNIB service center, we discovered that one of our students -- a man in his thirties -- was consistently using too much toilet paper for the drain. He seemed totally mystified when we tactfully approached him about this. He only understood the problem when we demonstrated the expansion properties of toilet paper by placing a small amount of it in a bowl of water. The final component of the experiment was to compare the expanding paper with the size of the toilet drain. Our plumbing problems ended.

Toilets seem to present interesting and varied problems for blind children. I have seen two extremes. There was a child who spent endless hours flushing the toilet, because he was fascinated by the sound it made. I, on the other hand, was very apprehensive about flushing toilets, because I feared I

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might be sucked down the drain. There was a child who refused to use the washroom on a train because the noise of the wheels on the tracks sounded so clear when she was using the toilet that she was certain she would fall through the hole. Obviously, long careful discussions were needed to dispel these very real fears. Both parents and professionals can greatly aid the teaching process by realizing that many seemingly unfounded fears a visually impaired child may have could be a result of gaps in his basic concept of how and why the world works the way it does.

From an awareness of the actual process that takes place, the next step is the hands-on experience of actually performing a task. Such experiences, in order to have meaning for the child, and be integrated with other experiences in his daily life, should ideally take place in the home, rather than be manufactured in a classroom setting. This theory is very nice, but there is one major problem that constantly recurs -- the time involved in teaching the skill, and the time it takes for the child to learn and integrate it. Both parents and professionals are faced with the same dilemma: there are just not enough hours in the day to fit everything in. It is unrealistic to expect a child to sort through the clothes in his closet to find something to wear, make his bed, fix his own breakfast, clear the table, do his dishes, and be ready to go out the door to school on time, unless he gets up at four in the morning. Sighted children are not generally expected to do all of these things for themselves, though, as a rule, they can work more quickly than their blind counterparts, and so can accomplish more in the same length of time. Unfortunately, not doing these chores can have many more far-reaching consequences for the blind child than it may for the sighted. The term "out of sight, out of mind" may be only too true for the former and this is why it is even more vital for him to take an active part in his daily routine -- he must learn what his limitations are and how he can work within them.

There are several solutions to this problem of time management. Dividing tasks into small but complete segments is helpful. It is not imperative that the child always start at the beginning of a job, because this could result in his never getting past the first two steps. The important thing is for him to understand the order of the steps involved.

When making a bed, for example, he might only be expected to place the pillow correctly at the top of the bed and pull the spread smoothly over it. As this becomes more familiar and can be accomplished more quickly, more steps to the operation can be added until he is making his bed entirely on his own.

Major learning tasks like putting on the sheets and blankets can be saved for days when there is more time, such as holidays and weekends.

Because bed linen is so large, in the beginning it is often hard for a child to understand its shape, since he cannot feel the entire sheet or blanket all at one time. One way to overcome this problem might be to use a model such as a crib or bassinet mattress, or a cushion roughly mattress shaped, for the bed. Use crib sheets, receiving blankets, tea towels, etc. for the linen. Using bottoms of sheets and blankets are good references to use in order to put them on correctly. Also, safety pins or sewn labels on the tops or bottoms can be used as distinguishing features.

A good indicator of a child's readiness for new learning tasks is his independence and success in doing familiar ones. Use these old stand-bys as a foundation on which to build new learning. Often the child himself will tell you when he is ready to move on, either by his being bored with the old job, or by his making a specific request for something new.

Take every opportunity to comment on how similar two totally unrelated tasks may be in terms of the skills required to complete them. Putting placemats straight on a square table uses techniques comparable to those required in placing pillows at the top of a bed. Setting an oven dial accurately using tactile labels on the stove, identifying packages, and measuring ingredients for cooking use the same skills as setting a washing machine dial using the same tactile labeling system, identifying the soap package, and measuring the soap for doing the laundry. If the child is constantly made aware of such similarities and differences between two jobs, he will automatically begin to make a transfer of skills from one job to another himself. The list of chores making up his daily routine will be seen as the learning of a few basic skills with which to work, rather than as a jumble of unrelated activities that must all be stuffed into a day. Developing this sense of a relationship between one job and another may also begin to teach him problem solving skills and he will be less tentative and more ready to attempt new and unfamiliar tasks on his own.

Although it is not always necessary for a child to completely finish an entire job, in order to increase his own sense of accomplishment and satisfaction, it is often an excellent idea to plan so that he is at least able to finish a particular section of it. But it is also very important that he realize just how much of the work he has done himself and how much help he has been given. Many of the congenitally blind people

we teach really believe they are able to do a great many more jobs than they actually can. When they are ultimately faced with the challenge of doing the job by themselves, they discover that much of the work was done by others, without them even being aware of it. To make this realization at age twenty-five or thirty can be very demoralizing and frustrating, and often is quite devastating to their motivation and confidence level when they are asked to tackle something else. They are overwhelmed by the startling discovery of just how much they thought they knew and how little they really do know. It is much easier for you, and more rewarding for the child, to receive praise for a job completed and done well than to be made aware of limitations, but always keep in mind the impact in later years of unrealistic successes now.

Thus far, I have been making specific suggestions as to how parents can help their children lay a basic groundwork of conceptual, sensory and experiencial development. What is the role of the professional in this process? There is no single answer to this question, because each child presents a unique case; one must take into consideration his home environment, the resourcefulness of his family members and the time they make available to him, whether he lives in a rural or urban setting and therefore what educational resources are available to draw upon, and the professional specialists around him. There is no defined split; the role is a dual one.

The biggest asset the professional can offer is his specialization and expertise in his field. One problem with this specialized approach is its possible tendency towards the compartmentalized learning perspective I have already mentioned. However there is another danger in this approach. The professional is often able to pinpoint specific problems the child is having. Such problems obviously need attention; however, if the professional simply intervenes to the extent of taking over a particular aspect of the child's teaching, the parents may interpret this intervention as meaning that they are incapable of doing the teaching themselves. This situation may be very devastating to their confidence level, and serve to reinforce the notion that teaching should be left strictly to teachers. Of course, in some cases, parents simply are not prepared to spend the necessary time learning how to teach their children; some parents of either blind or sighted children prefer to leave their children's education entirely up to the system. However, in the majority of children's learning, it seems to me tht the most vital part of a professional's role is to encourage them to work with their visually impaired child and give them confidence in their ability to do so.

This, of course, entails giving concrete support. Often, the professional can assist the most by providing suggestions for specific teaching techniques and strategems that parents could try in working with their child -- suggestions such as those outlined earlier in this paper.

The professional can also play a valuable diagnostic role, assuming he is sensitive in the way he applies the disgnosis. In many cases, children will perform for others, tasks that they claim they are unable to do for their parents. Thus a professional is in an excellent position to discover just how much the child really does know and then to encourage the parents to reinforce and continue the work that has been started. Beware of asking too many questions of both the child and the parents; often information given verbally is misleading -- test by doing. If the child is old enough, suggest cooking a simple meal; using convenience foods can be very helpful to save time and steps in preparation. If it is feasible, an outing can test and integrate both mobility and daily living skills. Once a list has been made, take the child shopping and see what you can find out from how he reacts to the experience. Does he pick up on sensory cues? Can he identify foods by their shape, texture, packaging, colour, smell, etc.? Does he have a sense of how much a particular item may cost? Can he identify denominations of paper and silver money, and is he able to pay for his purchase at the checkout counter? Obviously, steps can be added or omitted in this plan; it is only intended as a basic guide. The important process is to learn from the child and do as little actual teaching yourself as you can. I personally feel that this is the most accurate assessment tool you can use to test a child's basic skill level. Once you have gathered the basic information in this way, you are better equipped to suggest a program for him.

I reiterate: involve the parents as much as possible. Either do the majority of the actual teaching initially and then suggest that they do the ongoing reinforcement and follow-up, or provide them with some tips and suggestions to do the teaching themselves. Don't fall into the trap of feeling that, since you are the expert, you must provide the entire network of educational training and services for the visually impaired child and his family.

As a parent, fight as hard as you can against the feeling of being overwhelmed by having a child with a visual handicap. Concentrate on the similarities between your blind child and other children in the family or around him, rather than on the ways in which he differs from others. This does not mean the differences do not exist (one must always be aware of them),

but it does ensure that the whole situation is kept in some kind of positive perspective. Your greatest strength as a parent is that since you spend the most time with your child, you probably know him best and have intuitively discovered how best to teach him. Be confident and assertive enough to test it out.

When I compare how I would bring up a visually impaired child with how I am currently raising my own four-year-old fully sighted daughter, the greatest differences would be in the way in which I explained things to the blind child, and the greater emphasis I would place on hands-on, one-to-one activities. The experiences both children should have would be virtually the same.

In conclusion, I wish to emphasize that my main purpose in writing this paper has been to provide a completely practical approach to teaching skills of daily living to the visually impaired child. I have not tried to set forward any new teaching theories, but rather to draw together many of those that have already become well established. I have tried to focus on the necessity for the integration of all the skills a child must have in order to be an independent, self-reliant individual having confidence in his own abilities and feeling good about himself. If the child's learning is to be integrated rather than compartmentalized, parents and professionals must not compartmentalize their roles; rather, they must integrate them and share responsibility for every aspect of the child's learning.

SOME HANDY HOUSEHOLD TIPS AND TECHNIQUES

The following is a list of handy tips and techniques I have found useful either in my own home or in teaching blind students. These should be regarded as suggestions of ways to approach particular problems, rather than the only solution to them.

1. Labeling:

A. In general, do not be obsessed with labeling. Label only those things that cannot be distinguished by any other convenient means and keep labels as short and concise as possible.

B. Stoves, washing machines and other household appliances with dials can be marked with dots of "Hi Marks" special tactile glue or ordinary household glue, clear or coloured nail polish, or small bits of tape. Only mark essential numbers to avoid a cluttered dial.

C. Use large print or braille for marking spices, pill bottles, etc. When a particular item is finished, you simply transfer the new item to the old bottle, to avoid having to make new labels each time something is replaced. If the name can be shortened so that the label can be put on the lid of the bottle, you need only interchange lids.

D. Small plastic labels called "Plant Labels" can be marked in print and braille and attached to frozen food packages. They can be written with a brailler or slate. Frozen convenience foods, cake mixes etc. can be labeled with strips of plastic thermoform paper or file cards with the type of food and its directions for preparation and attached to the package with elastic bands. Clear plastic tops from boxes such as greeting card boxes may also be cut up to make labels.

E. Braille or large print can be marked on half-inch dymo tape and stuck to half-inch magnetic tape (usually available from hobby shops) for identifying canned goods. Can labels not in use can be stuck to the fridge or on a piece of sheet metal screwed to a convenient cupboard door. The storage space can be marked off in sections for each type of lable used. If tape of a colour other than black is used, labels can also be marked in print with a fine tip felt pen. This will facilitate sighted people helping to organize them.

F. To distinguish between a small number of identical containers, such as pop bottles, place different numbers of elastic bands around them. Alternatively, select brands so that no two items are in identical containers.

G. Clear plastic sheets called "Braillabel" can be used with a brailler or slate to make record and tape labels. These braille sheets can also be used for converting simple children's books into Twin Vision books.

2. <u>Organizing tips for laundry:</u>

A. Safety pins or Sock Tuckers can be used to keep socks in pairs for washing. It is helpful to buy socks of different colours with slightly different patterns or textures for sorting purposes. Small boxes can be used to divide drawers into sections for separating small items by colour.

B. If you count small items such as cloths, underwear and socks before putting them in the washer, you will be able to tell if some have been missed in the machine or dropped along the way when they are folded and put away. Also, washing small items in a pillow case or cheesecloth bag will keep them from getting lost.

C. Put a small safety pin in the label of one garment if you have two pieces of clothing that are identical except for the colour. Learn to look for differences in texture, style, type of buttons, collars, hems, etc. in order to distinguish one item from another. Small metal tags with colour codes brailled on them can be sewn into the collars of shirts or the waist bands of pants if colour co-ordinating is a problem. These are available from CNIB.

3. General organizing tips:

A. A recipe box with alphabetized index cards can be used for keeping phone numbers and addresses. The index cards can be labeled in braille and then individual phone numbers and addresses can be brailled on individual recipe cards and filed accordingly. Strange as it seems, it is more convenient for reading if the index tabs are labeled upside down on the back of the index cards; this allows you to hook your fingers over the index cards to read them. The address cards should be placed in the box upside down as well so they can be read without being removed.

B. A small shoe box or recipe box with labeled dividers is useful for keeping packaged gravy, sauce, salad dressing and other mixes. The dividers can include the directions for preparing a particular package.

4. Measuring:

A. Use measuring cups in graduated sizes rather than one cup with marked divisions.

B. Keep the bowl you are measuring into, close to the cup you are measuring from, to avoid carrying full cups across the kitchen. This will minimize cleaning spills on counters.

C. Keep liquids such as cooking oil and extracts in the refrigerator. The contrast between the coldness of the liquid and the warmth of your hands will make them easier to measure.

D. A large eye dropper can be used for measuring extracts.

E. If you want to add small amounts of salt and pepper or spices without measuring exactly, sprinkle them into your hand first so that you have some indication of how much you are using.

F. Medicines may be conveniently measured by using a "Pee Dee Dose," manufactured by Baxa and available in some pharmacies. This device looks like a large hypodermic syringe with no needle. Medicine is drawn into it when a plunger, which may be marked with notches, is withdrawn; the medicine may then be squirted into the mouth. It is particularly useful for administering medicine to children.

5. Pouring:

There are several techniques which you can try to see which works best. In general, start practising with cold liquids. A teapot, kettle, pitcher or any container with a narrow spout is probably the easiest to work with.

A. Place the cup or glass on the counter or in the sink. Hold the container of liquid to be poured in your right hand. (if you are left-handed, do the reverse.) Use your left hand to line up the pouring spout over the rim of the glass. Place the left index finger over the rim of the glass so that it is slightly bent down into the glass. This finger acts as a guide to ensure that the pouring spout remains positioned over the glass and also lets you know when the cup is full. Your natural reflexes keep you from being burned; when hot liquids touch the tip of your finger, you will automatically stop pouring and pull your finger back.

B. Place the cup or glass in the sink or hold it in your hand. Putting the cup in the sink makes messes easier to clean up and also the sink acts as a resonator. The sound of the liquid being poured changes as the cup gets fuller. If you are holding the cup in your hand, the changing weight of the cup as it is being filled is a good indicator of how full it is. If the liquid is very hot or very cold, this difference in temperature will transfer to the side of the cup as the liquid is poured into it.

C. There are various types of small battery operated devices called "liquid level indicators" which fit over the side of a cup or glass. When the liquid you are pouring reaches the two prongs of the liquid level indicator hanging inside the cup, it will beep, letting you know the cup is full. One major drawback with this device is that the batteries run out with no warning and the result may be a flood on the kitchen counter. Another problem is created if you rely solely on devices such as this, because you are stuck if you are out and have forgotten to bring them with you. However, they are very helpful for people who have neuropathy in their hands or fingers.

6. Spreading:

Initially, use toast instead of bread for spreading because you are less likely to make holes in it with the knife.

A. One technique is to place the bread on the counter or plate and spread it up-and-down overlapping strips from one side to the other. Follow the point of the knife with the index finger of your other hand to ensure that no parts are missed.

B. A slight variant to this technique is to place the spread in the centre of the bread and work from the centre outward in all directions until the surface is completely covered.

C. When spreading sticky substances such as jam, honey, peanut butter, etc., scoop them onto the bread with a teaspoon and then use the bowl of the spoon or a knife to spread them.

7. Peeling:

A potato peeler is usually easier to use than a paring knife. Start with carrots because of their shape. Peel in overlapping lengthwise strips and cut the ends off last. As you peel, run the vegetable under cold water from time to time. When the vegetable is wet, fingers will slide easily over the peeled portions and stick slightly to the places where the peel remains.

8. Cleaning:

A. To clean counters, start at one end and work to the other in long overlapping strips. This will ensure that no spots are missed and will leave you one pile of crumbs to dispose of when you are finished. Always use the hand not holding the cloth to check areas just cleaned for extra stubborn spots.

B. This basic method of working in overlapping strips works well for dusting and vacuuming and for washing floors, windows, etc. I find using an electric broom or vacuum is easier than using a broom or mop.

9. Some general hints:

A. Frying eggs:
Cut the top and bottom out of a tuna fish tin or other similar sized can to form a ring. Grease these rings and place them in a frying pan. Drop one egg into each greased ring. If you cover the rings with foil or a lid, you do not have to turn over the eggs. A flipper can be slid under the rings for easily removing the eggs from the pan.

B. General hints on frying:
When turning many pieces of meat in a frying pan, it is sometimes easier to place the pieces on a larger dinner plate and flip them individually and return them to the pan. This ensures that no pieces are missed in turning, and helps to prevent one piece of meat being flipped on top of another. I also have a flipper with a top that can be closed down over the meat, on the same principle as a pair of tongs. I often prefer oven baking or roasting meats, because they do not have to be turned over. This is particularly true of bacon, which is difficult to turn.

C. Testing meat for doneness:
Use a time guide and timer for approximate cooking times. Then do a finger test. Rare meat is softer, moister, and smoother to the touch than more well cooked meats. As meat cooks longer, it feels less moist, more firm, rougher textured, and sometimes crusty. Smaller amounts of meat are easier to work with if cooked in a toaster oven. When broiling, the smaller broiler is less unwieldy than a full-sized one and grease is less likely to spill.

D. Cutting meat:
When you are first learning to cut meat I would suggest practising with something square such as a piece of toast or plasticene or clay rolled out on a board. This way you can really feel what you are doing. A serated knife such as a steak knife is generally easiest to use. Hold the fork in one hand and stab the meat at the corner with the tines. Take the knife in the other hand and make a diagonal cut just behind the fork. Before lifting the knife, pull gently with the fork to see if you have completely cut through the piece of meat. If not, the knife is in a good position to make another cut. Each time you cut another piece of meat, start at a corner. With a steak, cut along the edge of the bone with the knife and remove it from the rest of your steak.

E. Gravy:
Skimming of the fat from meat drippings is difficult, even if the fat has risen to the top. If ice cubes are dropped into the dripping, the fat will congeal on the ice and the cubes can be removed.

F. Opening milk cartons:
Milk and juice cartons have two creases in the top at the end to be opened; these creases enable the flaps to fold back to make the spout. These creases can be felt, and if you pull the carton open at this end, it will be opened correctly.

G. An ice-cream scoop is useful for making muffins, cupcakes, etc. because it allows you to get equal amounts of batter in each section and is easier than pouring directly from a bowl or using a regular spoon.

COOKBOOKS AND CATALOGUES

The following is a short list of cookbooks and catalogues which you might find helpful. This list is by no means complete, but includes many of the books I use for teaching and for personal use. The majority of them are available in braille or large type. Check the CNIB Toronto Library, Crane Library, or contact the braille printing houses for more extensive lists.

AFB Catalogue: Aids and Appliances for the Blind and Visually Impaired:

American Foundation for the Blind (see address below). Available in print and braille.

International Guide to Aids and Appliances for Blind and Visually Impaired Persons:

American Foundation for the Blind.

Amana Radarange Microwave Oven Microwave Cooking Guide:

Amana Refreigerator, Inc., Amana, Iowa.

Beyond T.V. Dinners:

Canter, et al. Available in braille and large type from American Printing House for the Blind. (see address below).

Breads:

Marie Porter, Editor. Available in braille and large print from Guild for the Blind. (see address below).

Cook and Look Cookbook:

Ida Erickson, Biword Division of Maricom Corporation, Box 20, Willmar, Mn. 58201. Large type.

Cooking With Art:

Sue Hanson, Debora Stegora, Editors. Available in print with both instructor and student manuals from: Association of Rehabilitation Teachers, 4803 Monana Dr., Monona, Wisconsin 53716.

Cooking with Betty Crocker:

General Mills Inc., Minneapolis, Minniesota. Available in braille from: State Services for the Blind, 1754 University Ave., St. Paul, Minnesota 551404.

Cooking Without Looking:

Esther Knudson Tipps. Available in braille from American Printing House. (See address below).

A Leaf From Our Table:

Marie Porter, Editor. Available in braille from Guild for the Blind (see address below).

Pival Crock-pot Cookbook:

Marilyn Neill. Available in braille from: Beth Shalom Sisterhood Braille Committee, Mrs. Max Benjamin, Chairman, 8831 Esley Lane, Leawood, Kansas 66206. Available in large type from: Large Type Cookbook, 35 E. 107 St., Kansas City, Mo. 64114.

Preprimer Cooking:

Sally Jones. Available in braille and large type from American Printing House for the Blind.

ADDRESSES FOR SOURCE MATERIALS FOR SKILLS OF DAILY LIVING:

American Foundation for the Blind, 15 West 16 St., New York, New York 10011.

American Printing House for the Blind, Box 6085, Louisville, Kentucky 40206-0085.

Clovernook Printing House for the Blind, Cincinnati, Ohio 45231.

National Federation of the Blind, 218 Randolph Hotel Building, Des Moines, Iowa 60409.

Living Skills Center for the Visually Handicapped, 2444 Road 20, Apt. c - 205, San Pable, California, 94806.